

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90012 028 \*\*\*\*50.00

**DOCUMENT # L00000001808**

1. Entity Name

**FUTURE PERFECT LEADERSHIP, LLC**

Principal Place of Business

**513 N. MERIDIAN  
TALLAHASSEE FL 32301**

Mailing Address

**P.O. DRAWER 1657  
TALLAHASSEE FL 32302-1657**

2. Principal Place of Business

**133 Oak Street # 4**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

Zip

Country

**32301**

4. FEI Number

**59-3629466** **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WIGGINS, PATRICK K  
513 N. MERIDIAN  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**133 Oak Street # 4**

City

**Tallahassee**

**FL**

Zip Code  
**32301**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Joanna I. Love, President*

*2-11-2*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGRM LOVE, JOANNA**  
STREET ADDRESS **1302 COVINGTON DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☒ Delete  
NAME **MGRM GUYER, JAMES T. M.**  
STREET ADDRESS **2913 BAYSHORE COURT**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete  
NAME **MGRM GROSS, LARRY K**  
STREET ADDRESS **4751 LANCANSHURE LANE**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME **MGRM WIGGINS, PATRICK K**  
STREET ADDRESS **513 NORTH MERIDIAN STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **133 Oak Street, # 4**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Joanna I. Love, President*

*2-11-2*

*222-6473*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)